## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

						1)-2/3-2885				
INSTRUCTIONS: This appropriate. All further of indicated unless correcte maintenance fee notificate	form should be used to correspondence including d below or directed officers.	or trans ig the I nerwise	mitting the ISSU atent, advance of in Block 1, by (a						hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
466	7590 10/18	/2010						-		
YOUNG & TH 209 Madison Stre Suite 500		Certificate of Mailing or Transmission  1 hereby certify that this Feo(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilit transmitted to the USPTO (571) 273-2885, on the date indicated below.								
Alexandria, VA	22314								(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVE				ATTO	ORNEY DOCKET NO. CONFIRMATION NO.		
10/561,818 12/21/2005			Jacques Granger 0580-1037 2840				2840			
TITLE OF INVENTION:	BOTTLE CLOSURE	WITH I	MPROVED THRI							
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	L	\$1510	\$300	_	\$0		\$1810	01/18/2011	
EXAMINER			ART UNIT	CLASS-SUBCLAS						
SMALLEY, JAMES N 3781				215-351000						
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).  Change of correspondence address (or Change of Correspondence Address form PTOCBI (22) attached.  The Address form Findication (or "Fee Address" Indication form PTOCBI47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patient front page, list (1) the names of up to 3 registrered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a number a registered attorney or agent) and the names of up to 2 registered plane property or agents. If no name is 3						
(A) NAME OF ASSIC	ess an assignee is ident in 37 CFR 3.11. Com ENEE Les Capsule	ified be pletion o	low, no assignee of this form is NO rance	data will appear on the Tasubstitute for filing (B) RESIDENCE: (C) Paris, 1	he pa g an a HTY Fra	ntent. If an assign assignment. and STATE OR C	OUNT	RY)	locument has been filed for	
Please check the appropri	ate assignee category or	catego	ries (will not be p	rinted on the patent):	_	Individual 🔕 Co	orporati	on or other private gr	oup entity 🚨 Government	
4a. The following fee(s) are submitted:				th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ☑ Payment by credit card. Form PTO-2038 is attached.  ☑ The Director is hereby authorized to charge its prequiged fee(s), any deficiency, or credit any overpayment, to Depoit it Account Muniter 2.501.20 — (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.				(if necessary)  □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if req	uired) v	vill not be accepte	d from anyone other the	an t	he applicant; a regi	istered a	attorney or agent; or the	he assignee or other party is	
Authorized Signature	Benoît	4	estel			Date Jar	nuar	y 6, 2011		
Typed or printed name	Benoit Ca	stel				Registration N	ło. <u>3</u>	5,041		
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 ( iality is governed by 35 application form to the ons for reducing this but irginia 22313-1450. Do 13-1450.	CFR 1.3 6 U.S.C. 2 USPT rden, sh D NOT	11. The information 122 and 37 CFR O. Time will vary tould be sent to the SEND FEES OR	on is required to obtain 1.14. This collection is depending upon the e Chief Information O COMPLETED FORM	orr s est indiv ffice S TO	etain a benefit by t imated to take 12 idual case. Any co r, U.S. Patent and D THIS ADDRESS	he publ minutes omment Traden S. SENI	lic which is to file (and to complete, including to complete, including son the amount of the mark Office, U.S. Dep D TO: Commissioner	d by the USPTO to process ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.